Ministry of Health and Long-Term Care

NEW Directions

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Developing an Internal Scorecard

A Tool for Success

For staff to successfully develop and practice a stewardship role, they need to understand how their day-to-day work supports the ministry's broader long-term strategies and objectives, said Debbie Fischer, Assistant Deputy Minister Transition. Fischer is looking to a proven management tool — an internal scorecard — to accomplish this.

Many highly successful organizations use an internal scorecard also to ensure that business is carried out using a coordinated and integrated approach, Fischer said. Work is currently under way to create an internal scorecard for the ministry, she confirmed.

"A scorecard will help staff understand how their work fits into their unit, which fits into their branch and so on up to the ministry-wide level," Fischer explained. "The scorecard will clearly define the strategies, down to the branch and unit level, that will get the ministry to where it wants to be in one, five and 10 years time." She also said that through Personal Development Plans, staff eventually will be able to link their work to the ministry's strategic objectives.

Advisory committee guides scorecard initiative

Earlier this year, the MOHLTC set up the Internal Scorecard Advisory Committee to guide the ministry's first internal scorecard initiative.

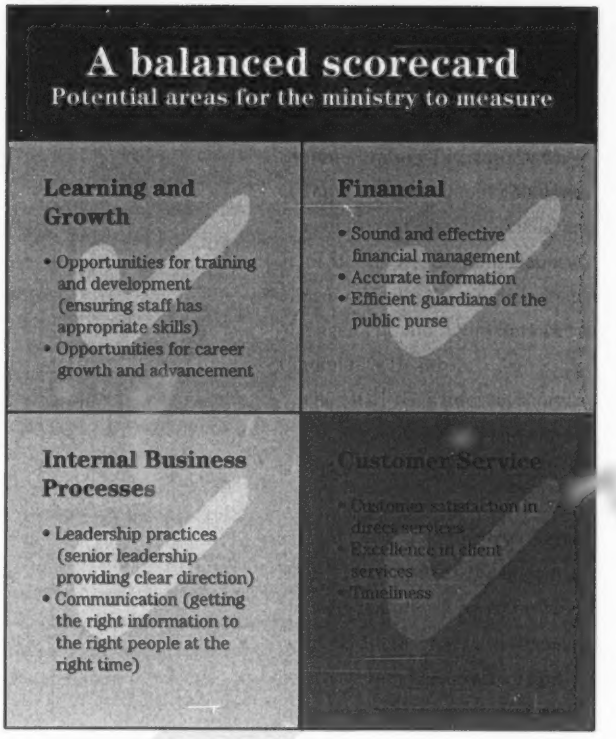
Carol Appathurai, Director, Health System Strategy Branch in the Health System Strategy Division, heads up the 15-member committee, which has a broad representation of managers and directors from across the ministry.

...continued on page 2

...continued from cover

The internal scorecard project involves four executive leads, including Fischer; Adalsteinn Brown, Assistant Deputy Minister, Health System Strategy Division; Dawn Ogram, Assistant Deputy Minister, Corporate and Direct Services; and John McKinley, Assistant Deputy Minister, Health System Information Management and Acute Services and Community Health.

The MOHLTC's internal scorecard will help gage how well the ministry is performing in the context of the broader health system, Brown said. In 2004, the ministry's former Health Results Team for Information Management developed a provincial Health System Scorecard to measure health system performance and outcomes, with respect to stated strategic goals and targets. "The ministry's internal scorecard will help us to understand the impact of its policies and initiatives on the performance of the health system and will give us the information we need to determine if the strategies should be revised or refocused," Brown explained.



Scorecard focuses on key business areas

The advisory committee, along with an external consultant, generated a draft strategy map, based on scorecard principles developed by the Harvard School of Business in the early 1990s.

The map is a chart that lays out the key business areas for the ministry to focus on, to successfully reach its goals in the coming years, said Greg Walsh, Manager of the Health System Performance Unit in the Health System Strategy Division, and project manager of the scorecard initiative. For the ministry, four possible broad areas could be: learning and growth, financial, internal business processes and customer service (see chart on this page).

For each area of the map, a set of indicators will be developed to measure the goals and the related activities that will cause change to occur within the ministry. For example, in the customer service area of the map, if the goal is to improve internal client satisfaction (e.g. within the OPS and the ministry), then a related activity could be to offer more training sessions on OPS common service standards. An indicator could be a survey of OPS staff to determine how satisfied they are with MOHLTC staffers' responsiveness.

As the internal scorecard is evolved and perfected, Walsh said, the indicators used to

measure a particular component may change. Walsh noted that indicators are rarely perfect the first time out. "Indicators will be adjusted and become more sophisticated and relevant over time. We will have the opportunity every year to improve the way we measure our performance," he said.

Fischer said it is important for everyone to understand that the process of developing a scorecard is complex and will not happen overnight. "It takes a while to get the scorecard components right. Companies spend years perfecting it to the point where the measurements are meaningful to their strategy and it relates to the organization's performance," Fischer said.

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Internal scorecard piloted this spring

The draft strategy map has been shared with the ministry's executive management team who support the initiative, Walsh said. The advisory committee also presented the map at a recent one-day session, attended by 80 SMGs from across the ministry. Appathurai said the senior managers gave important feedback and suggestions.

Once approved, the internal scorecard will be introduced on a pilot basis in the Health System Strategy Division this spring. Training sessions for senior management and staff in this division will be held to help staff adapt to the concepts of the internal scorecard.

Feedback will be gathered during the pilot and adjustments will be made, with the goal of implementing the internal scorecard across the ministry in the 2008/2009 fiscal year.

For the internal scorecard to be most effective over the long term, the ministry will need to build in mechanisms to involve staff in strengthening the indicators, Walsh said.

Although there will be ministry level measurements and indicators, Walsh said each unit, branch and division may have its own set of measurements and indicators related to the overall goals, but tailored to the area's work. "We each should have a set of personal targets on an individual, team, unit, branch, and division level."

In an ideal world, when asked the question "What do you do here?" Each ministry staff member should confidently respond: "I'm contributing to making the health system more effective and sustainable," Walsh said. ■

The LHIN Coordination Project Wraps Up Its Work

Project critical to the smooth transition to LHINs

The LHIN Coordination Project (LCP) has successfully completed its mandate of coordinating the transition and implementation of LHIN-related projects across the ministry. The project will wind down its operations as of June 1, 2007.

"LHINs are fully immersed in their job of planning, managing and funding health care in their local communities," said Sheila Banks-Switzer, LCP lead. "The project's goals have been achieved and the LHINs are now supported in the ministry by the LHIN Liaison Branch."

Deputy Minister Ron Sapsford set up the project last December under the leadership of Assistant Deputy Minister Gail Paech. The LCP's role supported the many critical activities occurring within the ministry that had an impact on the transition to LHINs, in preparation for April 1, 2007, when LHINs assumed their full responsibility.

Key to the success of the transition was the readiness assessment and risk management work which the project coordinated. The risk management team conducted a readiness assessment for each of the 14 LHINs and for the ministry within a one-month period. "This showed us where additional work and resources were still needed to reduce the risks in the transition," Banks-Switzer said.

To ensure the success of the LHINs, important ministry knowledge needed to be transferred — sharing what we do, how we do things and how we could work together. LCP built on work begun by staff in the Acute Services and Community Health Divisions and in the former Regional Offices, who started the process of passing on information about health service providers and interacted regularly with the LHINs.

The LCP was pivotal in continuing this knowledge transfers, including organizing a series of interactive knowledge transfer sessions. Corporate and Regional Office staff assisted in passing on vital information at these meetings.

With the LHIN Liaison Branch now the main point of contact between the ministry and LHINs, the project has successfully reached it natural conclusion.

"The dialogue at the knowledge transfer sessions was very informative for both sides," said Barry Monaghan, CEO of Toronto Central LHIN. "There was a tremendous amount of complex detail presented in a very clear way that was beneficial to LHIN staff and that will be critical to our future success."

Another important part of the project team's work was to ensure health service providers were kept informed on what operations were changing and how the changes would affect them. The LHIN Coordination Project also supported efforts to make LHINs the point of contact for local health service providers.

"Our role was one of project managers. We made certain that all critical LHIN-related tasks and teams across the ministry were connecting and communicating and that everyone had the information they needed to keep the transition on track," Banks-Switzer said.

With the LHIN Liaison Branch now the main point of contact between the ministry and LHINs, the project has successfully reached it natural conclusion.

"Through the LHIN Coordination Project we helped make sure that the LHINs had the tools to breathe new life into the system — to make it a system geared exclusively to delivering the best possible care to patients, which is what we all want," Paech said. ■

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